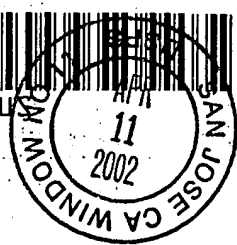




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TO ADDRESSEE



EL 821200517



SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE

Customer Copy
Label 11-F August 2000

Mailing Label
Label 11-F August 2000

ORIGIN (POSTAL USE ONLY)	
PO ZIP Code 95101	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second
Date In 4/11/02	Postage \$ 12.45
Time In 6:43 PM	Return Receipt Fee
Weight 8 lbs. 8 ozs.	Int'l Alpha Country Code
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials OK
Total Postage & Fees \$ 12.45	

<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only). Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.	
<input type="checkbox"/> NO DELIVERY	<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday

CUSTOMER USE ONLY
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- XX PCT Int'l. Appln. Transmittal Letter (PTO-1382)
- XX PCT Easy Request Form PCT/RO/101 - 4 pages
- XX Fee Calculation Sheet - 2 pages (with Authorization to charge deposit account and validation log)
- 3 pages Drawings
- 14 pages Description
- 5 pages Claims
- 1 page Abstract
- XX 3.5 Floppy diskette containing Abstract in text format and PCT Easy zip file.
- XX Return Receipt Postcard
- Other:

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April 11, 2002

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